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ABSTRACT

As the American population ages, adult educators with their knowledge and experience of adult education should be in the forefront of helping the nation define its goals and reshape its attitudes toward the aging. Existing exemplary models of educational programs represent a fragmented approach to a problem of national magnitude. The Adult Education Association could form a task force to mobilize the educational resources of community agencies, national organizations, and other interested parties. This task force would assess programs, selecting the most successful as models. From the task force, a permanent curriculum and program development committee should emerge. The focuses of this nationally coordinated endeavor would be pre-schoolers (three to six years) and middle- to upper-middle-aged adults with aging parents. Pre-schoolers have a special affinity for the elderly and are relatively nonjudgmental, and early childhood professionals are receptive to such initiatives. Joint conferences and workshops on aging for early childhood and adult educators could provide information and program material. Children of older adults are often in the midst of their own transitional problems and are forced to assume new roles when aging parents are debilitated. Study circles established by adult educators could provide a self-directed learning situation for exploring these issues. (YLB)

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NEW ATTITUDES TOWARD THE AGING:
A ROLE FOR ADULT EDUCATION

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The reality that the United States is becoming a nation of older people has finally begun to penetrate the public consciousness; witness the agonizing debate over the future of social security, which poses the dilemma of increasing need and diminishing supply of funds. As our population ages, fundamental changes are occurring in the needs of society which require creative responses. Productivity, health care, housing and the economy are only a few of the crucial issues to be affected by an aging society. And these are problems not only for the elderly; the issues and stresses of aging are intergenerational.

How we, as a society, perceive aging and the elderly will determine the solutions we seek. At present, we are struggling not only with overt issues, but with the emotional and attitudinal components as well. Once attitudes are clarified and changed, the most perplexing problems can be resolved. An educational initiative is required to begin the process of attitudinal reflection and clarification of values concerning aging. With their knowledge and experience of adult development, it is obvious that adult educators can lead this drive.

Exemplary models of educational programs already exist. Intergenerational projects including visits, mutual assistance, volunteer tutoring and cultural programs are enthusiastically reported and received. Workshops, with variations on the theme of "You and Your Aging Parents," are offered in a variety of educational settings, and even in the popular arena. Bloomingdale's, the New York City-based department store, has presented such a workshop as part of a community-minded series of programs, and it was well attended. Most progressive senior centers have fine educational programs. Institutions of higher education are reaching out to the older citizen with continuing education and elderhostels. The intent of all of these efforts is worthy and

the results are rewarding. However, it is my contention that we are dealing with a problem of national magnitude with a fragmented approach. We need a nationally coordinated undertaking to educate people of all ages about the process and problems of aging. Foremost among its goals should be the sensitization to the emotional and physical aspects of aging. This is an effort well suited to adult educators who have both the expertise and organization through which they may lead and coordinate such an effort. I would propose that the nationally prominent Adult Education Association form a task force to mobilize the educational resources of community agencies, national organizations such as the Gray Panthers, Association of Retired Persons and other interested parties. The purpose of such a task force would not be to assess educational needs. Such needs assessments have been done ad nauseam. Rather, this task force should examine and assess programs which have been executed, selecting the most successful as guides and models for others to use. A permanent curriculum and program development committee should emerge from such a task force, acting as a creator and clearinghouse of curricula for all age groups. Suitable scripts, games, study guides, literature and programs can be developed for various age groups to become available nationwide. As consultants on educational programs and materials, the committee members can become a valuable resource for local communities. Certainly there is no intention to usurp local efforts to educate people in coping with aging, nor to provide rigid prescriptions. Rather, this may be viewed as a nationally coordinated endeavor to provide impetus and resources for implementing local programs and projects. The collaborative effort of a nationally based adult education group, providing educational direction, can have far greater impact on the institutions which shape attitudes and policy than the well-intentioned,

but fragmented, programs thus far.

There are two distinct age groups to be focused on initially; subsequently attending to other age groups as the program matures. The first is the pre-school age group (3-6 years). The second is the middle to upper-middle age group of adults with aging parents.

Reasons abound for selecting pre-schoolers as participants in an educational program focused on aging. The very young and the elderly seem to have a special affinity for one another; perhaps because they make few demands on each other. Pre-schoolers are relatively non-judgmental and respond more to friendliness and interest than to physical appearances. Wheelchairs, walkers and canes are more objects of curiosity than revulsion to young children. With the kinds of positive experiences provided, a solid base for developing empathy and healthy attitudes is formed. The impressions made on young children tend to be lasting.

Another significant reason for focusing initially on young children is the receptivity found among early childhood professionals. Based on twenty-five years of personal professional experience with early childhood educators, certain generalizations can be made. Such educators are often gentle, caring, people- (rather than subject or object) oriented individuals. They are concerned with growth and human potential issues. They welcome innovation. Whereas other groups of educators might conceivably feel threatened by an initiative coming from adult educators, early childhood educators would, I believe, welcome it. Perhaps this is because they are free of the demands and pressures of bureaucratic systems. It is very likely that they would respond cooperatively and enthusiastically to an organized educational approach to the problems of aging. In fact, many early childhood educators have been the most eager professionals to develop

intergenerational visiting in cooperation with senior centers and nursing homes. But children need to interact with more actively engaged elders. Volunteer teachers and special visitors, trained in programs designed by adult educators, can provide positive role-modeling for young children. Conferences and workshops attended and jointly planned by early childhood and adult educators, focusing on the issues of aging, can provide information and program material for use with pre-schoolers.

By retelling an old folk tale in her book, Nobody Ever Died of Old Age, Sharon Curtin indicates that it is necessary to begin with young children if we are to significantly change our perceptions of old age.

'An elderly woman, her daughter and young granddaughter are in the kitchen. After repeatedly breaking china bowls, the grandmother is given a wooden bowl to eat from. The granddaughter, sensing the old woman's embarrassment, asks her mother why the grandmother must eat from a wooden bowl while the rest of the family eats from china bowls. Her mother tells her it is because grandmother is old. The child then tells her mother to save the wooden bowl after grandmother dies. "But we won't need it then," says the mother. The child replies, "Oh yes, Mother, I will need it for you." '

Of course this story also reflects the crucial lessons children learn about attitudes towards aging from the observations made within their own families.

Besides the elderly themselves, perhaps no age group has a more complex struggle with the problems of aging than the adult children of aging parents. A brief examination of some of the observations and conclusions of authorities in the field of Gerontology may suggest the nature of this struggle.

In the view of many, (Shanas, 1980; Townsend, 1968; Brody, 1970; Johnson and Bursk, 1977), the nature of the problem of adult children and aging parents is related to a change in the family structure. A combination of factors (earlier marriage, earlier parenthood and increased longevity) has resulted in the phenomenon of the four generation family (Townsend, 1968). This

places new burdens on the family as well as creating a need for new modes of behavior among the generations. Elaine Brody discusses societal pressures for particular kinds of behavior towards aging parents. At an earlier time, there was the expectation that children of aging parents would provide for their financial and social needs when this became necessary. Brody, in fact, feels this may have been appropriate at a time when adult children were usually 35-45 years old and at the peak of their earning powers. This "etiquette of behavior," Brody states, which is prescribed by our society and culture is no longer appropriate in dealing with the reality of the American family with its three and four generations. Brody regards the circumstance of the advanced age of adult children as crucial to the understanding of one aspect of the relationship of adult children to their parents.

At just that time when aging parents require more help from their children, their adult children are often in the midst of their own transitional problems. Having raised their own children, and finding themselves free for the first time in many years, having looked forward to retirement, travel and unencumbered leisure, these adult children find themselves caught between the needs of their parents, the needs of their children and those of their grandchildren. Furthermore, some of them find themselves faced with the problem of their own aging. The unfamiliar and debilitating effects of aging create anxiety and depression in both generations, causing a crisis in the family. (Kirschner, 1979; Cohen & Gans, 1978).

Adult children, confronted by aging parents whose debilitation results in dependency, are forced to assume new roles. The accommodation for leading separate lives that has been reached over the years, ends when parents and their grown children are brought together again in critical circumstances. The most

detrimental and yet the most common reaction to this situation is a reversal of roles where the parent becomes the child (Cohen & Gans, 1978). Perhaps unaware that autonomy in old age is related not only to better mental and physical health but to longevity itself (Brody, Poulschock & Masciocchi, 1979), well-meaning adult children try to relieve their parents of responsibility, decision-making and chores. In turn, the parents either forfeit autonomy (losing in the process their self-esteem and becoming infantilized), or struggle with their children against interference in their lives (Kirschner, 1979; Silverstone & Hyman, 1976). To further complicate relations between adult children and their dependent, aging parents, is the reemergence in the children of old, unresolved feelings about their parents. These feelings "rise up to plague us again when our parents get older..." (Silverstone & Hyman, 1976). These unresolved childhood conflicts can cause behavior that is startling and painful to both the parents and their children. Avoidance of parents, oversolicitousness toward them or domination of them are common reactions. Denial that a problem exists tends to infantilize the adult child. Adolescent rebellion and intense sibling rivalry are other behaviors that commonly arise. Feelings of guilt and obligation further confuse adult children making it difficult not only to communicate with their parents but to aid them effectively (Kirschner, 1979).

For the adult child with aging parents, confronted by the multiplicity of problems described, the need to find immediate solutions is urgent. Most efforts at addressing these problems attempt to provide the information based on which one can make decisions concerning health care and housing. Yet, just as our nation cannot come to grips with the problems of the aging without having determined what its attitudes towards aging and the elderly are, individuals cannot

find solutions without exploring feelings and attitudes. It is here that adult educators can provide both the initiative, guidance and structure needed for educational programs to deal with these issues. Study circles would be ideally suited for this purpose. By training facilitators, adult educators can establish a vast network of self-directed learning situations for adults with aging parents. It is also conceivable that in such a non-threatening environment, adult children and the elderly can come together to explore their mutual concerns and learn from one another. Learning about feelings can help free the children of the aging from immobilizing guilt and anxiety and the aging themselves can take the necessary steps to ensure their own well-being.

As America ages, it seems appropriate that adult educators should be in the forefront of helping the nation define its goals and reshape its attitudes towards the aging among us. A large-scale problem requires a comprehensive solution. Through a nationally coordinated program, adult educators can provide the nation with the resources to contribute to such a solution.

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